

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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UNITED STATES OF AMERICA  
Plaintiff,

-AGAINST-

11 cr 1032-32 (PAE)

JOSE BARCARER,

Defendant.

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SENTENCING MEMORANDUM ON BEHALF OF JOSE BARCARER

Defendant JOSE BARCARER, through his counsel, respectfully submits this memorandum in aid of sentencing. The sentencing hearing is scheduled for February 13, 2012.

Introduction

Generous, selfless, and devoted, to family. This is the portrait of Mr. Barcarer that emerges from the descriptions of him submitted to the Court in his biography as related in the pre-sentence report and confirmed by Trigel Rocio Frometa the mother of his children as well as the letters submitted herein. (EX A). We believe that under 18 U.S.C. § 3553, a non-Guidelines sentence below the guidelines is warranted or at the very bottom of the guidelines consistent with the recommendation of the Department of Probation.

I. The Applicable Sentencing Standard

The continuing importance of the guidelines in the sentencing determination is predicated in large part on the Sentencing Reform Act's intent that, in promulgating guidelines, the Commission must take into account the purposes of sentencing as set forth in 18 U.S.C. § 3553(a). See 28 U.S.C. §§ 994(f), 991(b)(1). The Supreme Court reinforced this view in Rita v. United States, 127 S. Ct. 2456 (2007), which held that a court of appeals may apply a presumption of reasonableness to a sentence imposed by a district court within a properly calculated guideline range without violating the Sixth Amendment. In Rita, the Court relied heavily on the complementary roles of the Commission and the sentencing court in federal sentencing, stating:

[T]he presumption reflects the nature of the Guidelines-writing task that Congress set for the Commission and the manner in which the Commission carried out that task. In instructing both the sentencing judge and the Commission what to do, Congress referred to the basic sentencing objectives that the statute sets forth in 18 U.S.C. § 3553(a) . . . . The provision also tells the sentencing judge to "impose a sentence sufficient, but not greater than necessary, to comply with" the basic aims of sentencing as set out above. Congressional statutes then tell the Commission to write Guidelines that will carry out these same § 3553(a) objectives. Id. at 2463 (emphasis in original). The Court concluded that "[t]he upshot is that the sentencing statutes envision both the sentencing judge and the Commission as carrying out the same basic § 3553(a) objectives, the one, at retail, the other at wholesale," id., and that the Commission's process for promulgating guidelines results in "a set of Guidelines that seek to embody the § 3553(a) considerations, both in principle and in practice." Id. at 2464.

Consequently, district courts are required to properly calculate and consider the guidelines when sentencing, even in an advisory guideline system. See 18 U.S.C. § 3553(a)(4), (a)(5); Booker, 543 U.S. at 264 ("The district courts, while not bound to apply the Guidelines, must . . . take them into account when sentencing."); Rita, 127 S. Ct. at 2465 (stating that a district court should begin all sentencing proceedings by correctly calculating the applicable Guidelines range); Gall v. United States, 128 S. Ct. 586, 596 (2007) ("As a matter of administration and to secure nationwide consistency, the Guidelines should be the starting point and the initial benchmark."). The district court, in determining the appropriate sentence in a particular case, therefore, must consider the properly calculated guideline range, the grounds for departure provided in the policy statements, and then the factors under 18 U.S.C. § 3553(a). See Rita, 127 S. Ct. at 2465. The appellate court engages in a two-step process upon review. The appellate court "first ensure[s] that the district court committed no significant procedural error, such as failing to calculate (or improperly calculating) the Guidelines range . . . [and] then consider[s] the substantive reasonableness of the sentence imposed under an abuse-of-discretion standard[,] . . . tak[ing] into account the totality of the circumstances, including the extent of any variance from the Guidelines range." Gall, 128 S. Ct. at 597.

## 18 USCS Appx prec § 1A3.1

Following *United States v. Booker*, 125 S. Ct. 738 (2005), the Court must impose a sentence in accordance with 18 U.S.C. § 3553(a), and should no longer presume that a sentence calculated pursuant to the United States Sentencing Guidelines is appropriate. *Kimbrough v. United States*, 552 U.S. 85 (2007), *United States v. Pickett*, 475 F.3d 1347, 1353 (D.C. Cir. 2007). Indeed, the correctly calculated Guidelines range is but one factor for the Court to consider in imposing sentence. Most significantly, the Court must impose a sentence “sufficient, but not greater than necessary” to comply with the purposes of punishment set forth in 18 U.S.C. § 3553(a)(2). See also *United States v. Foreman*, 436 F.3d 638, 644 n. 1 (6th Cir. 2006) (“district court’s job is not to impose a ‘reasonable’ sentence [but] to impose ‘a sentence sufficient, but not greater than necessary, to comply with the purposes’ of section 3553(a)(2)”); *United States v. Tucker*, 473 F.3d 556, 561 (4th Cir. 2007) (same); *United States v. Willis*, 479 F.Supp.2d 927, 929 (E.D. Wis. 2007) (explaining that “the so-called parsimony provision . . . directs the court to impose the minimum term necessary to comply with the statutory goals of sentencing”). Those purposes include the need “to reflect the seriousness of the offense, to promote respect for the law, and to provide just punishment for the offense”; “to afford adequate deterrence to criminal conduct”; and “to protect the public from further crimes of the defendant.” 18 U.S.C. § 3553(a)(2)(A), (B) and (C).

Pursuant to § 3553(a), courts must also consider a number of other factors, including “the nature and circumstances of the offense and the history and characteristics of the defendant”; “the kinds of sentences available”; and the Guidelines. *Id.* at § 3553(a)(1), (3), and (4); see also *United States v. Simpson*, 430 F.3d 1177, 1186 (D.C. Cir. 2005). Under this new sentencing regime, a court should consider all of the relevant sentencing factors, giving no more weight to one factor than to any other factor. The focus of the new regime is thus a sentence based on the whole person before the sentencing court, rather than simply the version of the person reflected in the numbers and grids of the Guidelines. Here, that focus means that we respectfully urge the Court to sentence Mr. Barcarer on the basis of the portrait of him presented in the Presentence Investigation Report (“PSR”) and in the letters submitted on his behalf, rather than on the basis of some incomplete or distorted picture.

The Probation Office calculated the applicable Guidelines range at 24-30 months. We believe that the Probation Office’s calculations are correct. Full consideration of the other factors outlined in § 3553(a), including the fundamental command that the sentence be sufficient, but not greater than necessary to serve the purposes of punishment, makes clear that a sentence outside and below the guidelines is warranted here.

II. Mr. Barcarer’s Personal and Professional History Support A Sentence of Below the guidelines. Under § 3553(a)(1), in sentencing Mr. Barcarer the Court must consider his “history and characteristics.”

Mr. Barcarer grew up in a family at times dispersed and disrupted after having returned to the Dominican Republic when only four months old, and under difficult extremely difficult conditions. As reported by Mr. Barcarer, his mother had to sell their worldly possessions in order to pay for his father's medical bills after a stroke. Additionally he was raised under the hand of an abusive father. His conduct upon reentering the United States has been, excepting his instant criminal involvement one of a hard worker, who perhaps uniquely, strived to find steady work and filed tax returns regularly in order to support himself and children, not that of an evil criminally minded person. (EX B, C)<sup>1</sup>

### III. The Nature and Circumstance of the Offense

Under § 3553(a)(1), the Court must also analyze the “nature and circumstances” of the convicted offenses. Mr. Barcarer fully acknowledges his crime of conviction is serious.

### IV. The Relevant Guidelines Calculations

#### V.

Although the Supreme Court declared the Guidelines advisory, we recognize that the Court is obligated to compute the relevant sentencing range under the Guidelines when completing its sentencing analysis. To begin with we believe that the correct range is 24 to 30 months. The Court should begin its consideration of the Guidelines factor in its analysis under § 3553(a) from that point.

### V. A Sentence of less than 24 months Would Satisfy The Requirements of Section 3553(a)(2)

Turning to § 3553(a)(2), the Court must also consider the need for Mr. Barcarer's sentence to (i) reflect the seriousness of his offense, promote respect for the law, and provide just punishment for the offense; (ii) adequately deter criminal conduct; and (iii) protect the public from further crimes of the defendant.

#### A. The Seriousness of the Offense

The offenses here are serious ones.

### VI. Sentencing Recommendation

There is no denying the seriousness of the crime of which Mr. Barcarer was convicted. At the same time, there is no denying the kind of person Mr. Barcarer is and the contributions he has made to others. In light of these factors and the goals of § 3553(a), a prison sentence of greater than 24 months for Mr. Barcarer would be “greater than necessary” punishment in this case. A sentence less than 24 months, would still promote respect for the law.

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<sup>1</sup> An attempt to gather Mr. Barcarer's tax returns for later years has been unavailing. Only a sample of his wage receipts are attached herein.

Conclusion

For the reasons set forth in this Memorandum and in the PSR, we respectfully request that the Court sentence Mr. Barcarer to a sentence below the guidelines.

Dated: Westchester, New York  
February 6, 2013

Respectfully submitted,

Stewart L. Orden

Service via e-mail and via Clerk's Notice of Electronic Filing upon the following attorneys,  
who are Filing Users in this case:

Assistant United States Attorney  
Rachel Maiman, Esq.  
1 St. Andrews Plaza  
New York, NY 10007

1/21/13

To whom may concern

My brother Jose Borcual has made mistake in the past and really believe he has changed. The past few years he was working hard to provide for his family. As growing up he went through a lot moving to one place to another not going to school, his childhood was hard.

As he came to New York permanently he was living with ~~me~~ and things were going well so he decided to move on his own. From there on things went wrong because he didn't have no one to guide him. As a adult he wants to provide for his childrens and guide them through the correct path. I as his sister ask you to please give him a chance to be there for his kids and to prove he

A

could become a better man.

Thank you.

NS RE

1/21/13

To Whom may Concern

My uncle Jose Barracel is a strong independent man...he's always trying his best to proceed...he made a lot of mistakes but he own up to it and became a better father, uncle, brother, son and most importantly a better man. Everytime I look over my shoulder his always been there and I plan to do the same for him

Love Priscila Abreu ☺



1-20-13

To Whom may Concern

Jose Barcacer is my neighbour brother I knew him for 10 years and I can honestly say he is very responsible and a dedicated father I believe he deserve a second chance everybody not perfect he should at least have a chance to start from scratch. Over the past years I learn his family is the most important thing in his life and you shouldnt take that away from him.

Yamira Sanchez

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

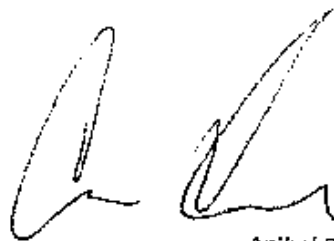
Brook ny 10452

Yamira Sanchez

Anibal Barcaci  
02/04/13

To whom it concern:

I, Anibal Barcaci, am writing this letter in regards to Jose Luis Barcaci, my brother, upcoming court appearance and the changes I have seen in Mr. Barcaci character in the last few months. During the years I have known Mr. Barcaci in many capacities and during his time of incarceration I have seen many changes in Mr. Barcaci character which I must commend, he has grown so much during the last few months, I could see that he has become a man of responsibility. He's demonstrated how much his family, extended and immediate mean to him, he speaks to all of us in a manner of which is to be expected of a man who know what's important to him. I don't believe the reason for his change is due to his incarceration if not an actual change in him, unfortunately Mr. Barcaci was at one point a little misguided due the company he kept but he realized now who his true friends are and how his family always wanted the best for him. All his conversations center around family and how he plan on bettering himself once he is released, just the other day he told me how wanted to open a barber shop, it might seem like a small thing to you, but please understand that prior to his arrest he would never speak about such a thing, and he tells me how he's learn to cut hair during his time in jail. He's also tell of how much he's appreciating books and the fascinating stories they tell, something also that may sound like something small, but to us his family, is something we never expected to hear him appreciate. In my opinion he's trying his hardest to stay out of trouble. I believe Mr. Barcaci is an intelligent, capable, dedicated, and personable young man. He is also quick on his feet, with sensible reactions in all the circumstances I've seen him in. I can now say I feel confident in saying that he is capable of handling any situation with thoughtfulness and maturity.

A handwritten signature in black ink, appearing to be 'Anibal Barcaci', written in a cursive style.

Anibal Barcaci



**Tax and Credits****Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see Instr.

• All others: Single, or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	368.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,000.
41	Subtract line 40 from line 38	41	(4,632.)
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total no. of exemptions claimed on line 6d	42	3,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care exp. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see instr.). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800	55	
	b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form		
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	
58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	29.
65	2005 estimated tax pymts and amt applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	NO
b	Nonrefundable combat pay election <input type="checkbox"/> 66b <input type="checkbox"/>		
67	Excess social security and tier 1 RRTA tax withheld (see instr.)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see instr.)	69	
70	Payments from: a <input type="checkbox"/> Form 3439 b <input type="checkbox"/> Form 4138 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	29.

**Refund**

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	29.
73a	Amount of line 72 you want refunded to you	73a	29.
b	Routing number XXXXXXXXXXXXXXXXXXXX	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number XXXXXXXXXXXXXXXXXXXX		
74	Amount of line 72 you want applied to your 2006 est. tax	74	

**Amount You Owe**

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions	75	
76	Estimated tax penalty (see instructions)	76	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

**Sign Here**

Joint return? See instr. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
ISABEL	02/08/2007	HELPER	646-696-6894
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation	

**Paid****Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
ISABEL	02/08/2007		5725
Firm's name (or yours if self-employed), address, and ZIP code	EIN		
Bronx NY 10454-	718-402-2118		

<b>Form 1040</b> U.S. Individual Income Tax Return <b>2006</b>		(99) IRS Use Only-Do not write or staple in this space.																																																																
For the year Jan. 1-Dec. 31, 2006, or other tax year beginning _____, 2006, ending _____, 20		OMB No. 1545-0074																																																																
<b>Label</b> (See instructions)	<b>Name</b> Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code JOSE L BARCACER  APT WB Bronx NY 10457-	<b>Your social security number</b> 1454  <b>Spouse's social security no.</b>  You must enter your SSN(s) above.																																																																
<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) <input type="checkbox"/> You <input type="checkbox"/> Spouse		Checking a box below will not change your tax or refund.																																																																
<b>Filing Status</b> Check only one box. 1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)																																																																		
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<b>Income</b> Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.  If you did not get a W-2, see instructions.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>7 Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td>7</td> <td>9,082.</td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required</td> <td>8a</td> <td></td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8a</td> <td>8b</td> <td></td> </tr> <tr> <td>9a Ordinary dividends. Attach Schedule B if required</td> <td>9a</td> <td></td> </tr> <tr> <td>b Qualified dividends (see instructions)</td> <td>9b</td> <td></td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)</td> <td>10</td> <td></td> </tr> <tr> <td>11 Alimony received</td> <td>11</td> <td></td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ</td> <td>12</td> <td></td> </tr> <tr> <td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/></td> <td>13</td> <td></td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797</td> <td>14</td> <td></td> </tr> <tr> <td>15a IRA distributions</td> <td>15a</td> <td></td> </tr> <tr> <td>b Taxable amount (see instr.)</td> <td>15b</td> <td></td> </tr> <tr> <td>16a Pensions and annuities</td> <td>16a</td> <td></td> </tr> <tr> <td>b Taxable amount (see instr.)</td> <td>16b</td> <td></td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td>17</td> <td></td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F</td> <td>18</td> <td></td> </tr> <tr> <td>19 Unemployment compensation</td> <td>19</td> <td>687.</td> </tr> <tr> <td>20a Social security benefits</td> <td>20a</td> <td></td> </tr> <tr> <td>b Taxable amount (see instr.)</td> <td>20b</td> <td></td> </tr> <tr> <td>21 Other income. List type and amount (see instr.)</td> <td>21</td> <td></td> </tr> <tr> <td>22 Add the amounts in the far right column for lines 7 through 21. This is your total income</td> <td>22</td> <td>9,769.</td> </tr> </table>		7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	9,082.	8a Taxable interest. Attach Schedule B if required	8a		b Tax-exempt interest. Do not include on line 8a	8b		9a Ordinary dividends. Attach Schedule B if required	9a		b Qualified dividends (see instructions)	9b		10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10		11 Alimony received	11		12 Business income or (loss). Attach Schedule C or C-EZ	12		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13		14 Other gains or (losses). Attach Form 4797	14		15a IRA distributions	15a		b Taxable amount (see instr.)	15b		16a Pensions and annuities	16a		b Taxable amount (see instr.)	16b		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		18 Farm income or (loss). Attach Schedule F	18		19 Unemployment compensation	19	687.	20a Social security benefits	20a		b Taxable amount (see instr.)	20b		21 Other income. List type and amount (see instr.)	21		22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	9,769.
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<b>Adjusted Gross Income</b> 23 Archer MSA deduction. Attach Form 8853 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 One-half of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction (see instr.) 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 32 IRA deduction (see instructions) 33 Student loan interest deduction (see instructions) 34 Jury duty pay you gave to your employer 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 31a and 32 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>23</td> <td></td> </tr> <tr> <td>24</td> <td></td> </tr> <tr> <td>25</td> <td></td> </tr> <tr> <td>26</td> <td></td> </tr> <tr> <td>27</td> <td></td> </tr> <tr> <td>28</td> <td></td> </tr> <tr> <td>29</td> <td></td> </tr> <tr> <td>30</td> <td></td> </tr> <tr> <td>31a</td> <td></td> </tr> <tr> <td>32</td> <td></td> </tr> <tr> <td>33</td> <td></td> </tr> <tr> <td>34</td> <td></td> </tr> <tr> <td>35</td> <td></td> </tr> <tr> <td>36</td> <td></td> </tr> <tr> <td>37</td> <td>9,769.</td> </tr> </table>		23		24		25		26		27		28		29		30		31a		32		33		34		35		36		37	9,769.																																	
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37	9,769.																																																																	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2006)



**Tax and Credits****Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.

• All others: Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	38	9,769.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1942, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,150.
41	Subtract line 40 from line 38	41	4,619.
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,000 by the total no. of exemptions claimed on line 6d	42	6,600.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care exp. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see instr.). Attach Form 8901 if required	53	
54	Credits from: a <input type="checkbox"/> Form 8995 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	
58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	469.
65	2006 estimated tax pymts and amt applied from 2005 return	65	
66a	Earned income credit (EIC)	66a	2,747.
b	Nonrefundable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instr.)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see instr.)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8813 if required	71	40.
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	3,256.

**Refund**

Direct deposit? See instructions and fill in 74b, 74c, and 74d.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	3,256.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	3,256.
b	Routing number <b>BANK PRODUCT</b>	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <b>APPLIED FOR</b>		
75	Amount of line 73 you want applied to your 2007 estimated tax	75	

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

**Sign Here**

Joint return? See instr. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		FACTORY	646-696-6894
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	02/08/2007		4030
Firm's name (or yours if self-employed), address, and ZIP code	EIN		
asko			4723
Bronx NY 10452-	Phone no.		718-731-4828

Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return** **2007**

(IRS Use Only—Do not write or staple in this space.)

OMB No. 1545-0074

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning

2007, ending

20

**Label**

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

L  
A  
B  
E  
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H  
E  
R  
E

Your first name and initial

JOSE L

Last name

BALCACER

Your social security number

1454

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

WB

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.

Bronx, NY 10457

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund

☒ You ☐ Spouse**Filing Status**

Check only one box.

1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here.4 ☐ Head of household (with qualifying person). If

the qualifying person is a child but not your dependent, enter

this child's name here

5 ☐ Qualifying widow(er) with dependent child**Exemptions**

If more than four dependents, see instructions.

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qual. child for child tax credit

J

L

2956 Son

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed

4,056

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a

b Taxable amt

16a Pensions and annuities

16a

b Taxable amt

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amt

21 Other income. List type and amount

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

11,256

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees deduction. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23-31a and 32-35

37 Subtract line 36 from line 22. This is your adjusted gross income

509

10,747

**Adjusted Gross Income**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

JTA

FOC01 11/08/07

Form **1040** (2007)

**Tax and Credits****Standard Deduction**

◆ People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

◆ All others

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,650

38	Amount from line 37 (adjusted gross income)	38	10,747.
39a	Check <input type="checkbox"/> You were born before Jan 2, 1943, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before Jan 2, 1943, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,350.
41	Subtract line 40 from line 38	41	5,397.
42	If line 38 is \$117,300 or less, multiply \$3,400 by the number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33	42	6,800.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form 8889	44	
45	Alternative minimum tax. Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Credit for child and dependent care exp. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit. Attach Form 8801 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8559 c <input type="checkbox"/> Form 8939	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	
58	Self-employment tax. Attach Schedule SE	58	1,017.
59	Unreported Social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 9919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	1,017.

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	372.
65	2007 est tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	2,853.
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4138 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year min tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	3,225.

**Refund**

Direct deposit?

FE in 74b, 74c, and 74d or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	2,208.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 74a	74a	2,208.
b	Routing number XXXXXXXXXXXX	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number XXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 63	76	
77	Estimated tax penalty	77	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? ☒ Yes. Complete the following. ☐ No

Designee's name <input type="checkbox"/> Preparer	Phone number <input type="checkbox"/>	Personal identification no. (PIN) <input type="checkbox"/>
---	---------------------------------------	--

**Sign Here**

Joint return? ☐ Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date 1/25/2008	Your occupation CLEANNING	Daytime phone number (347) 241-1800
Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature	Date 1/25/2008	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 4449
Firm's name (or yours if self-employed), address, and ZIP code	ATAX - BEST WAY TAX	Phone number (347) 526-7794	



## Label

(See instructions on page 14.)  
Use the IRS label.  
Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning	2008, ending	OMB No. 1545-0074
Your first name and initial <b>JOSE L</b>	Last name <b>BARCACER</b>	Your social security number <b>1454</b>
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street), if you have a P.O. box, see page 14. <b>BRONX NY 10452</b>		Ap. no. <b>N56</b>
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.		<p>▲ You must enter your SSN(s) above. ▲</p> <p>Checking a box below will not change your tax or refund.</p>

## Presidential

## Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14)

☒ You ☐ Spouse

## Filing Status

Check only one box.

1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above	
5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16)	

## Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b **1**

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see page 17)	(5) Check if dependent on 6a or 6b
<b>I</b>	<b>B</b>	<b>956</b>	<b>Son</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

d Total number of exemptions claimed **2**

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-Y.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	15,081
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see page 21)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	917
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see page 23)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see page 24)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	1,716
20a Social security benefits	20a	
b Taxable amount (see page 26)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	17,714
23 Educator expenses (see page 28)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	65
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see page 29)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction (see page 30)	32	
33 Student loan interest deduction (see page 33)	33	
34 Tuition and fees deduction. Attach Form 8817	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 31a and 32 through 35	36	65
37 Subtract line 36 from line 22. This is your adjusted gross income	37	17,649

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 88.

EEA

Form 1040 (2008)

<b>Tax and Credits</b>	<p>38 Amount from line 37 (adjusted gross income) <b>38</b> 17,649</p> <p>39a Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <b>39a</b> <input type="checkbox"/></p> <p style="margin-left: 20px;">if: <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind.</p> <p>b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 and check here <b>39b</b> <input type="checkbox"/></p> <p>c Check if standard deduction includes real estate taxes or disaster loss (see page 34) <b>39c</b> <input type="checkbox"/></p> <p><b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin) <b>40</b> 5,450</p> <p>41 Subtract line 40 from line 38 <b>41</b> 12,199</p> <p>42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d <b>42</b> 7,000</p> <p><b>43 Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- <b>43</b> 5,199</p> <p>44 Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972 <b>44</b> 518</p> <p><b>45 Alternative minimum tax</b> (see page 38). Attach Form 6251 <b>45</b></p> <p>46 Add lines 44 and 45 <b>46</b> 518</p> <p>47 Foreign tax credit. Attach Form 1116 if required <b>47</b></p> <p>48 Credit for child and dependent care expenses. Attach Form 2441 <b>48</b></p> <p>49 Credit for the elderly or the disabled. Attach Schedule R <b>49</b></p> <p>50 Education credits. Attach Form 8863 <b>50</b></p> <p>51 Retirement savings contributions credit. Attach Form 8880 <b>51</b></p> <p>52 Child tax credit (see page 42). Attach Form 8801 if required <b>52</b> 518</p> <p>53 Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5495 <b>53</b></p> <p>54 Other credits from Form: a <input type="checkbox"/> 3600 b <input type="checkbox"/> 8801 c <input type="checkbox"/> <b>54</b></p> <p>55 Add lines 47 through 54. These are your <b>total credits</b> <b>55</b> 518</p> <p>56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- <b>56</b> 0</p>									
<b>Other Taxes</b>	<p>57 Self-employment tax. Attach Schedule SE <b>57</b> 130</p> <p>58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 <b>58</b></p> <p>59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required <b>59</b></p> <p>60 Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Sch. H <b>60</b></p> <p>61 Add lines 56 through 60. This is your <b>total tax</b> <b>61</b> 130</p>									
<b>Payments</b>	<p>62 Federal income tax withheld from Forms W-2 and 1099 <b>62</b> 1,124</p> <p>63 2008 estimated tax payments and amount applied from 2007 return <b>63</b></p> <p>64a <b>Earned income credit (EIC)</b> <b>64a</b> 2,616</p> <p>b Nontaxable combat pay election <b>64b</b></p> <p>65 Excess social security and tier 1 RRTA tax withheld (see page 61) <b>65</b></p> <p>66 Additional child tax credit. Attach Form 8812 <b>66</b> 482</p> <p>67 Amount paid with request for extension to file (see page 61) <b>67</b></p> <p>68 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8865 <b>68</b></p> <p>69 First-time homebuyer credit. Attach Form 5405 <b>69</b></p> <p>70 Recovery rebate credit (see worksheet on pages 62 and 63) <b>70</b> 0</p> <p>71 Add lines 62 through 70. These are your <b>total payments</b> <b>71</b> 4,222</p>									
<b>Refund</b> Direct deposit? See page 68 and fill in 73b, 73c, and 73d, or Form 8888.	<p>72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you <b>overpaid</b> <b>72</b> 4,092</p> <p>73a Amount of line 72 you want <b>refunded to you</b>. If Form 8888 is attached, check here <input type="checkbox"/> <b>73a</b> 4,092</p> <p>b Routing number 044000037 <b>73b</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>d Account number RA104XXXX118681454 <b>73d</b></p> <p>74 Amount of line 72 you want applied to your 2009 estimated tax <b>74</b></p>									
<b>Amount You Owe</b>	<p>75 <b>Amount you owe.</b> Subtract line 71 from line 61. For details on how to pay, see page 65 <b>75</b></p> <p>76 <b>Estimated tax penalty</b> (see page 65) <b>76</b></p>									
<b>Third Party Designee</b>	<p>Do you want to allow another person to discuss this return with the IRS (see page 66)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No</p> <p>Designee's name _____ Phone no. _____ Personal identification number (PIN) _____</p>									
<b>Sign Here</b> Joint return? See page 15. Keep a copy for your records.	<p>Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</p> <table style="width:100%;"> <tr> <td style="width:40%;">Your signature <b>81454</b></td> <td style="width:20%;">Date <b>02-03-2009</b></td> <td style="width:20%;">Your occupation <b>DELIVERY</b></td> <td style="width:20%;">Daytime phone number <b>347-810-1146</b></td> </tr> <tr> <td>Spouse's signature. If a joint return, <b>both</b> must sign.</td> <td>Date</td> <td>Spouse's occupation</td> <td></td> </tr> </table>		Your signature <b>81454</b>	Date <b>02-03-2009</b>	Your occupation <b>DELIVERY</b>	Daytime phone number <b>347-810-1146</b>	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	
Your signature <b>81454</b>	Date <b>02-03-2009</b>	Your occupation <b>DELIVERY</b>	Daytime phone number <b>347-810-1146</b>							
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation								
<b>Paid Preparer's Use Only</b>	<p>Preparer's signature _____ Date <b>02-20-2009</b> Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN <b>62251</b></p> <p>Firm's name (or yours if self-employed), address, and ZIP code <b>IMMITAX CORPORATION</b> EIN <b>2289</b></p> <p><b>BRONX NY 10457</b> Phone no. <b>718-294-7677</b></p>									

**PEARSON**200 OLD TAPPAN ROAD  
OLD TAPPAN, NEW JERSEY 07675CHECK NO: 423662  
CHECK DATE: 12/01/08  
PERIOD ENDING: 11/26/08  
PAY FREQUENCY: WEEKLY

JOSE L. BARCER

BRONX, NY 10457

ID NUMBER: 0000043198  
BASE RATE: 11.2800  
SSN:  
STATUS: EXEMPT  
FED: SINGLE 02  
ST1: 00  
ST2:  
TAX ADJUSTMENTS  
FED: 00  
DI/UC: 0000  
LOCAL:STATE AND LOCAL CODES  
PRI: NY LOC1: NY LOC3:  
SEC: NJ LOC2: LOC4:  
LOC5:**IMPORTANT MESSAGE**PLEASE REVIEW YOUR CHECK CAREFULLY. REVIEW YOUR BENEFIT. DEDUCTIONS, NAME, ADDRESS, ALL TAX WITHHOLDING AND EXEMPTIONS.  
TAX RATES MAY HAVE CHANGED. SDI/UC AND SOCIAL SECURITY TAX. RESTART IN JANUARY. YOUR EMPLOYEE ID NUMBER IS LISTED ABOVE.**HOURS AND EARNINGS****TAXES AND DEDUCTIONS****SPECIAL INFORMATION**

DESCRIPTION	CURRENT		Y-T-D		DESCRIPTION	CURRENT		Y-T-D	
	HOURS/UNITS	EARNINGS	HOURS/UNITS	EARNINGS		AMOUNT	AMOUNT		
REG-W/H TEMP	16.00	180.00	624.25	7022.82	SO SEC TAX	11.18	435.41		
					MEDICARE TAX	2.61	101.83		
					FED INC TAX	.21	308.23		
					PRI-STATE TAX		89.34		
					SEC-STATE TAX	2.70	107.31		
					SDI/UC TAX	.77	29.85		
					PRI-LOCAL TAX	1.59	128.04		
					TOTAL TAXES	19.04	1200.01		
					AFTER-TAX DEDUCTIONS				

0245		JOSE LUIS BARCACER		118-66-1454		NEW YORK, NY 10027	
JUN 27, 2007		JUL 3, 2007		JUL 6, 2007		NEW YORK, NY 10027	
EARNINGS		TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
1099\$\$	13.00	2.5000	32.50			GROSS	1768.00
SURCHRG	13.00	0.1000	1.30			1099\$\$	1700.00
						SURCHRG	68.00
TOTAL		26.00	\$	33.80	TOTAL \$	0.00	0011649
							*****33.80

Form **W-2 Wage and Tax Statement** 2007

c Employer's name, address, and ZIP code

DOMINO'S PIZZA INC

ANN ARBOR MI 48106-0997

e Employee's name, address, and ZIP code

MDE/3662 /186321  
JOSE LUIS BARCACER

Self

7 Social security tips	1 Wages, tips, other comp	2 Federal income tax withheld
8 Allocated tips	26.60	
9 Advance EIC payment	3 Social security wages	4 Social security tax withheld
	26.60	1.65
10 Dependent care benefits	5 Medicare wages and tips	6 Medicare tax withheld
	26.60	0.39
11 Nonqualified plans	12a	
13 Standing employee	12b	
Retirement plan	12c	
Third party beneficiary	14 Other	
Employer's identification number (EIN)		
5003		

# Earnings Statement



PHOENIX BEVERAGES

L.I.C. NY 11101

Period Ending: 12/28/2007  
 Pay Date: 12/28/2007

Taxable Marital Status: Single  
 Exemptions/Allowances:

Federal: 2  
 State: 2  
 Local: 2

JOSE LUIS BARCADER

BRONX, NY 10457

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular	500.00		500.00	3,900.00
Overtime	18.7500	1.00	18.75	56.25
Extra Days	12.5000	8.00	100.00	100.00
<b>Gross Pay</b>			<b>\$618.75</b>	<b>4,056.25</b>

Deductions	Statutory		
Federal Income Tax	-58.38	372.17	
Social Security Tax	-38.36	251.49	
Medicare Tax	-8.98	58.82	
NY State Income Tax	-22.93	131.30	
New York Cit Income Tax	-14.28	84.17	
NY SUI/SDI Tax	-0.60	4.80	
<b>Net Pay</b>		<b>\$475.22</b>	

Your federal taxable wages this period are \$618.75



FORM W-2 Wage and Tax Statement  
Copy C For EMPLOYER'S RECORDS (See notice in last of Copy 1)

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.  
If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

13198		2007		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION		2 FEDERAL INCOME TAX WITHHELD	
22-1603684		A. EMPLOYEE'S SOCIAL SECURITY NUMBER		118-68-1454		3 MEDICARE WAGES AND TIPS		4 SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE PEARSON EDUCATION ONE LAKE STREET UPPER SADDLE RIV NJ 07458						5 MEDICARE TAX WITHHELD		6 ALLOCATED TIPS	
E. EMPLOYEE'S FIRST NAME AND INITIAL, LAST NAME JOSE L BARCACER						7 SOCIAL SECURITY TIPS		8 ADVANCE EIC PAYMENT	
F. EMPLOYEE'S ADDRESS AND ZIP CODE APT 6W BRONX, NY 10457						9 NONQUALIFIED PLANS		10 DEPENDENT CARE BENEFITS	
16 STATE EMPLOYER'S STATE ID NO. NJ 684/000						17 STATE WAGES, TIPS, ETC. 784.69		18 STATE INCOME TAX 11.77	
						19 LOCAL WAGES, TIPS, ETC.		20 LOCAL INCOME TAX	
								21 LOCALITY NAME	

0000043198		2007		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION		2 FEDERAL INCOME TAX WITHHELD	
3684		A. EMPLOYEE'S SOCIAL SECURITY NUMBER		118-68-1454		3 MEDICARE WAGES AND TIPS		4 SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE PEARSON EDUCATION ONE LAKE STREET UPPER SADDLE RIV NJ 07458						5 MEDICARE TAX WITHHELD		6 ALLOCATED TIPS	
E. EMPLOYEE'S FIRST NAME AND INITIAL, LAST NAME JOSE L BARCACER						7 SOCIAL SECURITY TIPS		8 ADVANCE EIC PAYMENT	
F. EMPLOYEE'S ADDRESS AND ZIP CODE APT 6W BRONX, NY 10457						9 NONQUALIFIED PLANS		10 DEPENDENT CARE BENEFITS	
16 STATE EMPLOYER'S STATE ID NO. NJ 4/000						17 STATE WAGES, TIPS, ETC. 784.69		18 STATE INCOME TAX 11.77	
						19 LOCAL WAGES, TIPS, ETC.		20 LOCAL INCOME TAX	
								21 LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return  
FORM W-2 Wage and Tax Statement 2007 Dept. of the Treasury - Internal Revenue Service

13198		2007		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION		2 FEDERAL INCOME TAX WITHHELD	
22-1603684		A. EMPLOYEE'S SOCIAL SECURITY NUMBER		118-68-1454		3 MEDICARE WAGES AND TIPS		4 SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE PEARSON EDUCATION ONE LAKE STREET UPPER SADDLE RIV NJ 07458						5 MEDICARE TAX WITHHELD		6 ALLOCATED TIPS	
E. EMPLOYEE'S FIRST NAME AND INITIAL, LAST NAME JOSE L BARCACER						7 SOCIAL SECURITY TIPS		8 ADVANCE EIC PAYMENT	
F. EMPLOYEE'S ADDRESS AND ZIP CODE APT 6W BRONX, NY 10457						9 NONQUALIFIED PLANS		10 DEPENDENT CARE BENEFITS	
16 STATE EMPLOYER'S STATE ID NO. NJ 4/000						17 STATE WAGES, TIPS, ETC. 784.69		18 STATE INCOME TAX 11.77	
						19 LOCAL WAGES, TIPS, ETC.		20 LOCAL INCOME TAX	
								21 LOCALITY NAME	

3 Social security wages	32.49	4 Social security tax withheld	
5 Medicare wages and tips	32.49	6 Medicare tax withheld	.47
d Control number	0118681454 VXX	Dept.	Corp. Employer use only
		246	
c Employer's name, address, and ZIP code			
LOCAL 812 HEALTH FUND 445 NORTHERN BOULEVARD GREAT NECK, NY 11021			

1 Employer's FED ID number	2404	3 Employee's SSA number	1454
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		C	32.49
14 Other		12b	
SUN LIFE INSURANCE		12c	
		12d	
		13 Stat emp	Ret plan 3rd party sick pay

e/f Employee's name, address and ZIP code

JOSE LUIS BARCACER

BRONX, NY 10457

15 State	Employer's state ID no.	16 State wages, tips, etc.	32.49
NY	14212776		
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Federal Filing Copy  
**W-2** Wage and Tax Statement  
2008  
OMB No. 1545-0048  
Copy 2 to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp.	32.49	2 Federal income tax withheld	
3 Social security wages	32.49	4 Social security tax withheld	
5 Medicare wages and tips	32.49	6 Medicare tax withheld	.47
d Control number	0118681454 VXX	Dept.	Corp. Employer use only
		246	
c Employer's name, address, and ZIP code			
LOCAL 812 HEALTH FUND 445 NORTHERN BOULEVARD GREAT NECK, NY 11021			

1 Employer's FED ID number	2404	3 Employee's SSA number	1454
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		C	32.49
14 Other		12b	
SUN LIFE INSURANCE		12c	
		12d	
		13 Stat emp	Ret plan 3rd party sick pay

e/f Employee's name, address and ZIP code

JOSE LUIS BARCACER

BRONX, NY 10457

15 State	Employer's state ID no.	16 State wages, tips, etc.	32.49
NY	14212776		
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

NY State Filing Copy  
**W-2** Wage and Tax Statement  
2008  
OMB No. 1545-0048  
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp.	32.49	2 Federal income tax withheld	
3 Social security wages	32.49	4 Social security tax withheld	2.01
5 Medicare wages and tips	32.49	6 Medicare tax withheld	.47
d Control number	0118681454 VXX	Dept.	Corp. Employer use only
		24	
c Employer's name, address, and ZIP code			
LOCAL 812 HEALTH FUND 445 NORTHERN BOULEVARD GREAT NECK, NY 11021			

1 Employer's FED ID number	2404	3 Employee's SSA number	1454
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		C	32.49
14 Other		12b	
SUN LIFE INSURANCE		12c	
		12d	
		13 Stat emp	Ret plan 3rd party sick pay

e/f Employee's name, address and ZIP code

JOSE LUIS BARCACER

BRONX, NY 10457

15 State	Employer's state ID no.	16 State wages, tips, etc.	32.49
NY	14212776		
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

City or Local Filing Copy  
**W-2** Wage and Tax Statement  
2008  
OMB No. 1545-0048  
Copy 2 to be filed with employee's City or Local Income Tax Return.